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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe that the inventor(s) named below are the original and sole inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Method, Apparatus and System For Customizing Essential Oil Formulations"

the specification of which (check one)

☐ is attached hereto.

☐ was filed on August 30, 2001 as Application Serial No. 09/943,372.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

And I hereby appoint: Thomas A. O'Rourke, Reg. No. 27,665 of Wyatt, Gerber & O'Rourke, L.L.P., 99 Park Avenue; New York, New York 10016; Tel.: (212) 681-0800, my attorneys, each with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and all telephone calls to Thomas A. O'Rourke, Wyatt, Gerber & O'Rourke, L.L.P. at (212) 681-0800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



Full name of sole or first inventor: \_\_\_\_\_  
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Full name of second inventor, if any: \_\_\_\_\_

Cheryl Sott \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: 1/2/02

Date: \_\_\_\_\_

Citizenship: United States

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

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Full name of sole or third inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

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